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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

REGISTRAR'S NO.

PLACE OF DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>GREENLEE</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED) A. STATE <u>ARIZONA</u> B. COUNTY <u>GREENLEE</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>RURAL</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>RURAL</u>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>5 MILES EAST of DUNCAN</u>		D. STREET ADDRESS <u>5 MILES EAST of DUNCAN</u>	
IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>GEORGE</u> B. (MIDDLE) <u>W.</u> C. (LAST) <u>QUINN</u>			4. SEX <u>M</u>
	5. DATE OF BIRTH MONTH <u>4</u> DAY <u>6</u> YEAR <u>1977</u>			6. AGE YEARS <u>72</u> MONTHS <u>1</u> DAYS <u>4</u>
	7. MARITAL STATUS <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			8. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>FARMING</u>
FATHER'S NAME	9. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>ARKANSAS</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>		13. SOCIAL SECURITY NO. <u>NONE</u>	
	14. FATHER'S NAME <u>JAMES BERRYMAN QUINN</u>		15. BIRTHPLACE (STATE OR COUNTRY) <u>ARKANSAS</u>	16. MOTHER'S MAIDEN NAME <u>AMANDA E. LANGSTON</u>
USE	17. INFORMANT'S SIGNATURE <u>Luree Whinery Duncan Ariz</u>		18. DATE OF DEATH (MONTH) <u>JUNE</u> (DAY) <u>4</u> (YEAR) <u>1949</u>	
	19. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>CARDIAC HYPERTROPHY</u> DUE TO (c) <u>HYPERTENSION</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	20. DATE OF OPERATION <u>None</u>		21. MAJOR FINDINGS OF OPERATION <u>None</u>	
ATH TO RNAL ENCE	22. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		23. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	24. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	26. HOW DID INJURY OCCUR?		27. DATE SIGNED <u>6/4/49</u>	
ICAL ONER'S CATION	28. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>6/4</u> 19 <u>49</u> TO <u>6/4</u> 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>6/4</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>9:55 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		29. SIGNATURE (DEGREE OR TITLE) <u>Robert C Thomas D.O.</u>	
	30. ADDRESS <u>Duncan, Ariz</u>		31. DATE SIGNED <u>6/4/49</u>	
	32. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		33. DATE <u>June 6-49</u>	
ERAL CTOR ND TRAR	34. NAME OF CEMETERY OR CREMATORY <u>Franklin</u>		35. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Franklin W. W.</u>	
	36. DATE REC'D BY LOCAL REG. <u>June 6-49</u>		37. REGISTRAR'S SIGNATURE <u>Ernest Van Rummy</u>	
	38. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Mochley</u>		39. ADDRESS <u>Franklin</u>	